

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 United Egg Association EGGPAC

A. Full Name (Last, First, Middle Initial) CITIZENS FOR COCHRAN Mailing Address PO BOX 7183	Transaction ID: SB23.7661 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div>
City TUPELO State MS Zip Code 38802 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>5000.00</div>
B. Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS Mailing Address P.O. BOX 960821 City RIVERDALE State GA Zip Code 30296 Purpose of Disbursement Contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.7667 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) FRIENDS OF FARR Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.7671 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)